

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:

IRO CASE NUMBER: NAME OF REQUESTOR:

NAME OF PROVIDER:

REVIEWED BY:

IRO CERTIFICATION NO:

DATE OF REPORT:

M2-05-2121-01

John A. Sazy, M.D. Jeff Rodriguez, M.D.

Board Certified in Orthopedic Surgery

IRO 5288

08/29/05

Dear Dr. Sazy:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for Texas Workers' Compensation Commission (TWCC) to randomly assign cases to IROs, TWCC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal. determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Board Certified in the area of Orthopedic Surgery and is currently listed on the TWCC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there are no known

conflicts of interest that exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for determination prior to referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

A referral from John A. Sazy, M.D. for a discogram with post discogram CT scan at L3-L4, L4-L5, and L5-S1 dated 05/19/05

A preauthorization request from Dr. Sazy dated 05/25/05

A preauthorization determination dated 06/01/05 from St. Paul Travelers signed by Tina Hawes, L.V.N.

A request for reconsideration dated 06/10/05 from Dr. Sazy

Another preauthorization determination dated 06/23/05 from St. Paul Travelers signed by Virginia Bowien, R.N.

A response to a TWCC-60 form signed by Kristi Davis, Medical Bill Repricing Unit, at St. Paul Travelers

Clinical History Summarized:

On 05/19/05, Dr. Sazy requested a lumbar discogram with a post discogram CT scan at L3-L4, L4-L5, and L5-S1 to rule out discogenic pain. Dr. Sazy submitted a preauthorization request on 05/25/05. St. Paul Travelers provided a denial for the lumbar discogram with post discogram CT scan on 06/01/05. On 06/10/05, Dr. Sazy provided a request for reconsideration for the discogram, which was again denied by St. Paul Travelers on 06/23/05. Ms. Davis addressed a response to the TWCC-60 form provided by Dr. Sazy. She stated based on the information provided, it had been determined the proposed treatment did not meet the medical necessity guidelines.

Disputed Services:

A lumbar discogram with post discogram CT scan at L3-L4, L4-L5, and L5-S1

Decision:

I disagree with the requestor. The lumbar discogram with post discogram CT scan at L3-L4, L4-L5, and L5-S1 would not be reasonable or necessary in this patient.

Rationale/Basis for Decision:

Discography is quite a controversial subject in our field. While I believe in discography and I believe in the use of fusion surgery for the treatment of lower back pain, there are certain limits to the use of this technique. The material provided indicated this patient has a significant history of psychological and psychiatric problems, including, but not limited to depression and anxiety. The literature is quite clear that discography depends upon a clear consortium: that is, someone who has no intervening psychosocial issues. Clearly in this circumstance that precondition has not been met. Therefore, in my opinion, the lumbar discogram with post discogram CT at L3-L4, L4-L5, and L5-S1 is neither reasonable nor necessary as related to the original injury.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Professional Associates is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within ten (10) calendar days of your receipt of this decision (28 Texas Administrative Code 1133.308 (v) (1)).

If disputing other prospective medical necessity (preauthorized) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within twenty (20) calendar days of your receipt of this decision (28 Texas Administrative Code 148.3).

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This decision is deemed received by you **five (5) calendar days** after it was mailed (28 Texas Administrative Code 102.5 (d)). A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk Texas Workers' Compensation Commission P. O. Box 17787 Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, TWCC and the claimant via facsimile or U.S. Postal Service this day of 08/29/05 from the office of Professional Associates.

| Sincerely, | |
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| Secretary/G | eneral Counsel |